

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

FLOYD

County

No. 90-167File 3/6/89

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female

Medical Examination or Report Dated _____

Name of Physician _____

MALE APPLICANT

Name Jonathan M. Gehlbach
Date of Birth 3/1/1967
Place of Birth (State or foreign country) Franksville Ky.
Residence Address Rt 2 Box 107 Franksville, In
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) On license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Larry J. Gehlbach
Residence of father (if deceased, so state) Rt 4 2 Box 107 Franksville, Ind.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of mother of dependent children Carolyn Andres
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Toni L. Reynolds
Date of Birth 2/8/1967
Place of Birth (State or foreign country) Indiana
Residence Address Rt 2 Box 19 New Albany, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) On license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Ray Reynolds
Residence of father (if deceased, so state) Same above
Birthplace of father (State or foreign country) Illinois
(b) Full maiden name of mother of dependent children Beverly Cowling
Residence of mother (if deceased, so state) Same
Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant

Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court

Date

State of Indiana)
County of Floyd) ss: I swear/affirm that the information given in this application is true and correct.
Signed Jonathan M. Gehlbach
New Address 915 E. Market Apt 8, N.A., IN
Subscribed and sworn to before me this 6 day of March, 1989
W. B. Jenks Clerk of the FLOYD Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of _____) ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant

Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court

Date

State of Indiana)
County of Floyd) ss: I swear/affirm that the information given in this application is true and correct.
Signed Toni L. Reynolds
New Address 915 E. Market Apt 8, New Albany
Subscribed and sworn to before me this 6 day of March, 1989
W. B. Jenks Clerk of the FLOYD Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of _____) ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _____ FLOYD _____ County, Indiana, dated 3/15/89, authorizing the marriage of JONATHAN M. GEHLBACH and TONI L. REYNOLDS.

I further certify that the following marriage certificate was filed in my office:
I, AARON E. WHEATON (name), certify that on 3/18/89 (date), at NEW ALBANY in FLOYD County, Indiana, JONATHAN M. GEHLBACH FLOYD County, INDIANA (state), and TONI L. REYNOLDS of FLOYD County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of FLOYD County, Indiana, dated 3/18/89.

Signed by: AARON E. WHEATON, ELDER U.M.C. (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 3/21/89 (date).

Signed WILLIAM B. JENKS Clerk

FLOYD Circuit Court